

Farmers' Market Nutrition Program
Office of Children's Services/WIC
130 Seward Street, Room 508
Juneau, AK 99801 Phone: 465-3100

(for State use) Number assigned: _____

*If approved, farmer will be required to sign an agreement;
a sign and annual decal will be issued to indicate authorization*

2008 FMNP - Farmer Application *(please print – due by May 15, 2008)*

Farm Name _____ Email _____

Owner's Name _____ Phone _____ Fax _____

Mailing Address _____ City/State _____ Zip _____

Physical Address (if different) _____

Signature _____ Title _____ Date _____

Please list all farmers' markets or pre-approved farmstands where you plan to sell produce:

Name of Market or Farmstand	Location of market/farmstand	Dates of market/farmstand	Days & Hours market/farmstand

Farm grows approximately _____ % of the produce it sells at the market or farmstand, including the following eligible products: *(Check all fruits/vegetables you plan to grow)*

Apples _____	Greens _____	Snow Peas _____
Artichoke _____	Kale _____	Spinach _____
Asparagus _____	Kohlrabi _____	Squash _____
Beans (green, _____	Leeks _____	Strawberries _____
purple, white, string) _____	Lettuce _____	Tomatoes _____
Beets _____	Loganberries _____	Turnips _____
Blackberries _____	Marionberries _____	Zucchini _____
Blueberries _____	Mushrooms _____	Herbs: _____
Bok Choy _____	Napa Cabbage _____	Basil _____
Boysenberries _____	Onions, green _____	Catnip _____
Broccoli _____	Onions, yellow _____	Cilantro _____
Brussels Sprouts _____	Parsnips _____	Dill _____
Cabbage _____	Peaches _____	Mint _____
Cantaloupe _____	Pears _____	Oregano _____
Carrots _____	Peas _____	Parsley _____
Cauliflower _____	Peppers _____	Rosemary _____
Celery _____	Plums _____	Sage _____
Chard _____	Potatoes _____	Savory _____
Cherries _____	Pumpkins _____	Tarragon _____
Chives _____	Radishes _____	Thyme _____
Corn _____	Raspberries _____	Others – List _____
Cucumber _____	Rhubarb _____	_____
Garlic _____	Rutabagas _____	_____